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ABSTRACT

The Illinois Board of Higher Education appointed a committee to review health professions education programs in Illinois and directed the committee to assess the educational needs in the health professions and the extent to which Illinois higher education is supplying qualified professionals to meet those needs. The committee also reviewed enrollment and graduation trends and tuition and cost factors over the last 10 years. Also studied were the Health Services Education Grants Act (HSEGA) program and current Illinois Board of Higher Education policies concerning the health professions. The Committee To Review Health Professions Education Programs held two meetings, conducted a public hearing, and solicited additional input from the higher education community. Findings suggest that overall the policies in place are adequate and should be maintained. The priorities and guidelines, however, require adjustment to reflect current statewide needs in the health professions. Adjustments to these policies will necessitate changes to the programs currently supported under the HSEGA grant program to ensure that state resources are targeted to the areas of highest need. The Committee also recommends new grant categories to address emerging needs for doctoral programs in nursing and physical therapy. The Committee also calls for an annual expenditure report from recipients of HSEGA grants to supplement those accountability measures currently in place. Specific recommendations are made for increasing capacity in some programs and decreasing it in others. (SLD)

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POLICIES AND PRIORITIES FOR HEALTH-RELATED PROGRAMS

Report and Recommendations
of the
Committee to Review Health Professions Education Programs

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Preface

The Illinois Board of Higher Education appointed the Committee to Review Health Professions Education Programs on June 3, 2003. The Board directed the Committee to:

- Conduct an assessment of educational needs in the health professions and the extent to which Illinois higher education is supplying qualified professionals to address these needs,

- Review enrollment and graduation trends over the last ten years, and tuition and cost factors over the same time frame,

- Review the Health Services Education Grants Act program, and recommend any adjustments necessary to coincide with policy recommendations, strengthen program accountability, and ensure that formula components align health education programs to the goals of *The Illinois Commitment*, and

- Review current Illinois Board of Higher Education policies concerning the health professions and recommend changes as necessary to address current and projected statewide needs.

The Committee was asked to conclude its work prior to the end of the year, and thus established an aggressive schedule to advance its work. The schedule assumes that any adjustments recommended to the Health Services Education Grants Act program that do not require statutory changes can be implemented in fiscal year 2004. The schedule assumes that in tandem with Board approval of such recommendations, proposed revisions to the administrative rules will be filed with the General Assembly's Joint Committee on Administrative Rules as necessary to allow for immediate implementation.

The Committee held two meetings, conducted a public hearing, and solicited additional input from the higher education community as well as health program professionals through the Board's website. The Committee's findings and recommendations are offered in this report. All materials concerning the Committee's deliberations and the input it received are available on the Board's website (*www.ibhe.org*).

POLICIES AND PRIORITIES FOR HEALTH-RELATED PROGRAMS

Report and Recommendations of The Committee to Review Health Professions Education Programs

Meeting the state's demands for health education programs is one means by which Illinois higher education helps business and industry sustain strong economic growth (*Illinois Commitment*, Goal #1) and increases the number and diversity of citizens completing degree programs (*Illinois Commitment*, Goal #4). As such, health care education has been an ongoing interest of the Illinois Board of Higher Education since the 1964 *Master Plan for Higher Education in Illinois* recommended that the Board undertake a comprehensive study of programmatic needs in the health professions. The Board's current policies, approved September 8, 1993 and reaffirmed in January 1995, are based on a 1992 review of Illinois health professions and then current policies related to health programs (*Assessment of the Educational Needs in Health Professions Programs* (September 3, 1992).

This report considers the Board's policies in the context of current and projected statewide needs in the health professions, and reviews the Health Services Education Grants Act program through which the state invests significant resources in health education programs. The report also presents recommendations designed to address current statewide needs in health professions education and to strengthen accountability measures associated with the Health Services Education Grants Act.

Policies and Priorities/Guidelines

Policies. Current Illinois Board of Higher Education policies concerning health education programs contain the following principal emphases: (1) placing priority on disciplines where shortages exist; (2) meeting the needs of underserved areas using off-campus programs and telecommunications-based delivery systems where appropriate; (3) improving access, retention and success of minority students; (4) promoting cooperation and collaboration among institutions, health care providers, and other state agencies; (5) reducing or eliminating programs as is appropriate in response to demand; (6) providing professional development opportunities; and (7) providing programs to prepare faculty for health education fields. A copy of the Board's current policies is provided in the Appendix.

Those testifying or offering written testimony to the Committee generally confirmed the adequacy of the Board's current policies and suggested adjustments related to specific disciplines. One individual, for example, stated, "for the most part, the existing policies of the Illinois Board of Higher Education for health-related programs appear to adequately address current and projected statewide needs in the health professions." Another termed the current policies "quite comprehensive and inclusive of the needs and priorities concerning health related education programs." Another individual asserted that while "the IBHE policies generally support health education, they need to be re-aligned and updated to meet the current statewide needs."

Priorities and Guidelines. In September 1993, the Board also approved a set of priorities and guidelines that include strategies for implementing its health education-related policies. Key strategies at that time included: (1) expanding or reducing capacity in existing programs; (2) monitoring selected fields to determine if adjustments in capacity are necessary; (3) maintaining capacity in selected fields; (4) emphasizing programs that graduate primary care providers; (5) increasing the number of graduates who enter primary care and practice in

underserved areas of the state; and (6) giving priority to institutions "serving in underserved areas." A copy of these priorities and guidelines is provided in the Appendix.

Those providing testimony and information to the Committee, found the priorities and guidelines to be adequate, with one individual terming them "largely appropriate." Individual respondents disputed the data provided for specific occupations. For example, it was noted that while the overall demand for physicians may not indicate a shortage, it is important to note that shortages are projected in specific medical specialties. Another asserted that "the demand for Physician's Assistants is significantly higher than indicated by the Bureau of Labor statistics." Speakers stressed in general terms of the critical need for faculty in health care occupations, particularly in nursing, and urged the Board to develop ways to respond to this shortage.

Some web and hearing respondents suggested adjustments to specific disciplines, e.g., Physical Therapy, Nursing, Medicine and Chiropractic. Others urged adding disciplines, in particular, "complementary and alternative medicine" and psychology. Representatives of physical therapy urged making the Doctor of Physical Therapy (DPT) degree an eligible HSEGA category, since it is becoming the preferred entry level degree in this discipline.

The Committee acknowledges that some of the priorities and guidelines for implementing the policies are outdated. For example, references are made to Southern Illinois University's development of a comprehensive plan for serving southern Illinois—an undertaking in which the University has made significant progress since the Board's policies were adopted in 1993. Furthermore, addressing regional health needs will require attention of all institutions, and not just community colleges.

The priorities suggest that the Medical Student Scholarship program administered by the Illinois Department of Public Health should be maintained. State appropriations for the program in fiscal year 2004 total $2.8 million. While a review of this program is outside the parameters of this study, the Committee recommends a review of this scholarship program to determine the degree to which it is assisting in attracting medical doctors to medically underserved areas in Illinois.

Supply/Demand Data

To identify current health care training needs, the Committee considered projected supply and demand in health care fields. Tables 1 and 2 present information concerning projected supply and demand in health care fields. The data presented in Table 1 are based on the classifications for health occupations as defined by the United States, Bureau of Labor Statistics. The Illinois Department of Employment Security, which provided the 2000 and 2010 data to the Board for use in this report, maintain data for Illinois. Information concerning the supply of workers in the health fields, presented in Table 2, is largely based on graduates of colleges and universities since most training for these workers occurs only in these settings (as opposed to training in the military and in hospitals which have in-house training programs). These data sets do not allow for an examination of in/out migration of Illinois health care workers, which also may affect supply and demand in any given health care field. In other words, information readily available to the Committee does not consider the number of Illinois graduates that take jobs in other states or countries. Nor do the data account for those health professionals trained in other states who choose to work in Illinois.

Classifications for occupations and classifications for instructional programs used to identify academic fields do not have a one-to-one correspondence. Fortunately, however, in

health areas the academic program classifications and the occupation classification bear a greater correspondence than in most other supply/demand equations based on these two sources of data. But not in every case; for example, physician occupations are all shown under medical doctors, since higher education institutions do not grant degrees in psychiatry, but rather in medicine.

According to the Illinois Department of Employment Security, there were nearly 265,000 persons employed in health care professions in Illinois in 2000. The Department projects that demand for health care professionals will grow by approximately 53,000, or 20 percent, to 318,000 by 2010. Of the projected average annual position openings of 10,800 between 2000 and 2010, approximately half will be new positions and half will replace existing workers who will either retire or seek other employment (see Table 1).

The fields in which Illinois is projected to have the greatest need for workers annually through 2010 are: Registered Nurses (4,151), Licensed practical nurses (928), Health diagnosing and treating practitioners—all other (624), Medical doctors (615), Pharmacists (501), Medical/Clinical laboratory technologists/technicians (479), Medical Records/Health Information Technicians (411), Speech Language Pathology/Audiology (349), Dental Hygienists (337), and Emergency Medical Technicians/Paramedics (318).

The fields in which Illinois is projected to have the least need annually for health care workers are: Orthotists and prosthetists (0), Podiatrists (1), Athletic trainers (14), Radiation therapists (16), Nuclear medicine technologists (34), Physician assistants (37), Occupational therapist assistants (41), Chiropractors (53), Recreational therapists (61), and Occupational health/safety workers (68).

Illinois colleges and universities awarded 9,922 degrees in health care professions in 2002. Independent institutions graduated 3,668 students, community colleges 3,665, and public universities 2,589. Enrollment at Illinois colleges and universities enrolled 38,594 students in health care programs in 2002. Independent institutions enrolled 12,609 individuals, community colleges 16,648 and public universities 9,337.

To determine the degree to which Illinois colleges and universities are meeting demands in health care professions, the Committee compared the average number of graduates between 1998 and 2002 with the average annual job openings. Table 2 shows that Illinois is over-producing health care workers in about half of the health care professions and under-producing in the remainder. Overall, however, Illinois colleges and universities are producing about at the level of projected need.

The top ten fields in which Illinois annually has overproduced health care workers during the past five years are: Medicine (614), Speech pathology/audiology (319), Athletic trainers (317), Chiropractors (177), Physician assistants (116), Dentists (95), Dietitians and nutritionists (93), Radiation technologists/technicians (92), Podiatrists (82), and Occupational therapist assistants (81).

It is important to note that, among the occupations listed in Table 2, medical doctors is the only occupation that does not directly move graduates from degree receipt to employment. Medical school graduates continue their education in Medical Residencies, which may extend for several years. It was not possible, within the data sets immediately available, to obtain information regarding residencies in the various medical specialties and subspecialties in order to determine whether Illinois is producing sufficient physicians to fill available residencies. This is a significant omission, since, as was noted in public testimony, the relationship between the

number of physicians graduating from medical school in any given year and the number entering the workforce that same year may bear little correlation. An official from the Southern Illinois University School of Medicine stated, "a more accurate estimate of demand would be the number of residency positions available in any given year. For example, in 2003, the number of first year residency positions in Illinois was 1,323. In that same year, only 1,229 students graduated from Illinois medical schools, some seven percent short of the actual need. These numbers, which are typical of the several preceding years as well, indicate that Illinois is not graduating sufficient medical students annually to fill the available residency slots in the state.'

The top ten fields in which Illinois annually needs more health care workers than it has been producing over the past five years are: Health diagnosing and treating practitioners—all others (a catch-all classification for numerous smaller professions) (624); Medical/clinical laboratory technicians and technologists (316); Medical records and health information workers (274); Health care practitioners and technical workers—all other (another catch-all classification) (199); Registered nurses (143); Pharmacists (126); Dental hygienists (125); Cardiovascular technologists/technicians (103); Occupational health and safety technicians (68); and Respiratory therapists (66).

Many health care occupations do not require formal higher education (e.g., various types of aides), while others require less than two years of study. Table 8 indicates the level of education commonly associated with various health care occupations. The tables in this report do not include those occupations where less than an associate degree is the common national requisite training. Only two occupations included in this analysis—Licensed Practical Nursing and Emergency Medical Technology—depart from this because Illinois statutes/rules require licensure and/or graduation from Illinois programs approved by the Illinois Department of Professional Regulation or the Illinois Department of Public Health, respectively.

Testimony provided at the Committee's public hearing on July 11, 2003, highlighted shortages in numerous areas, especially registered nurses, licensed practical nurses, certified nursing assistants, nursing faculty, radiology technicians, respiratory therapists, occupational therapists, and pharmacists. This testimony highlighted that a recent workforce study estimates a shortage of approximately 50,000 physicians nationwide by 2010. A second study estimates a shortage of 150,000 physicians by 2020. Both reports attributed the projected shortages to the supply of physician graduates in the past decade, increased retirements among practicing physicians, and an increasing demand for medical services. State of Illinois data designate 35 Illinois counties as physician shortage areas, and parts of 22 other counties also are so designated. In addition, while the overall supply of physicians may appear adequate, shortages are projected in specific specialties and subspecialties. For example, national projections point to shortages in anesthesiology, cardiology, gastroenterology, pulmonary critical care and radiology. Data also show shortages in psychiatry, pediatrics and other sub-specialties in central and southern Illinois.

According to testimony from an official of the Illinois Association of Colleges of Nursing, "the United States and the State of Illinois are in the midst of an unprecedented shortage of registered nurses, one that is expected to persist for at least two decades." National data project a 29 percent shortage by 2020, and more than one million vacant positions for registered nurses by 2010. Further, while the six-year decline in baccalaureate nursing enrollments nationwide was reversed in fall 2001, the number of nursing students is not sufficient to meet the projected demand over the next decade. Data from the Bureau of Health Professions of the U.S. Department of Health and Human Services reported a surplus of 1,360 nurses in Illinois in 2000. However, this same data projects deficits of 691 by 2005; 4,265 by 2010 (-4 percent of supply over demand); 10,912 by 2015 (-11 percent); and 21,359 by 2020 (-19.5 percent). Principal

factors contributing to the projected shortage are: (1) the average age of recent graduating classes; (2) declining numbers of nursing graduates; (3) the aging of the existing pool of licensed nurses; and (4) workplace dissatisfaction.

Public testimony also highlighted a projected shortage of nursing faculty. In fall 2002, 4,049 qualified applicants for seats in generic baccalaureate and RN to BSN programs were rejected. The main reason for limiting enrollments was suggested to be the lack of qualified faculty. Sixty-two percent of those reporting for baccalaureate programs indicated that a shortage of faculty was a reason for not accepting qualified applicants. In Illinois, 461 qualified applicants were not accepted to baccalaureate nursing programs in fall 2002.

Based on examination of the supply and demand data, enrollment and graduation figures, and testimony provided by representatives of various health care occupations, the Committee recommends adjustments to the priorities and guidelines for implementation of the Board's health care education policies. These recommendations are presented at the end of this report, and involve placing priority on those programs identified where Illinois colleges and universities are not currently graduating sufficient numbers to meet projected demands. No changes are recommended at this time to priorities relating to medicine, since a more detailed study and analysis is necessary before considering medicine's various specialties and subspecialties.

Minority Enrollment and Degrees Awarded

Current Board policies call for expansion and improvement of access, retention, and success of minority students in health professions programs. Illinois colleges and universities awarded 1,547 degrees to minorities in health care professions in 2002, which was 16 percent of the total number of degrees (9,922) awarded to all students in health care fields. This represents an increase of 31 percent between 1992 and 2002, but only a four percent increase between 1998-2003. These degrees reflect an enrollment of 5,786 minority students in health care fields, 15 percent of the 38,594 total students enrolled in these programs. This represents an 11 percent decline in minority enrollment between 1993 and 2002. Some programs in health education fields have no minority enrollment, for example, dental clinical sciences, medical nutrition, medical physics/biophysics, nursing anesthetists, pediatric nursing, and orthotist/prosthetist. While there has been an increase in the number of degrees awarded in health-related fields to minority students, overall enrollment has declined. The Committee finds it important that priority continue to be placed on expanding and improving access, retention, and success of minority students in health professions programs. This priority is consistent with other Board policies pertaining to access and diversity.

The Health Services Education Grants Act

The Health Services Education Grants Act (HSEGA) was enacted in 1970 to promote Illinois residents' participation in health profession education programs in nonpublic institutions. The Act authorizes the Illinois Board of Higher Education to make grants to nonpublic institutions based upon the number of Illinois residents enrolled in health education programs and/or the number of degrees granted to students who are Illinois residents. The Act specifies "grants may be made to medical, dental, pharmacy, optometry, and nursing schools, to physician assistant programs, to other health-related schools and programs, and to hospitals and clinical facilities used in health service training programs" (110 ILCS 215/4). In addition, hospitals offering the clinical component of eligible masters', baccalaureate, associate, or certificate level allied health and nursing programs are eligible for grant funding, as are hospital-based diploma nursing programs and residencies in family practice or obstetrics/gynecology. Statutes also allow

for grants for "Illinois resident enrollees from minority, racial and ethnic groups..." A copy of the statute is provided in the Appendix.

Health Services Education Grants assist independent institutions in meeting the high cost of health education programs in order to assure that the state of Illinois has an adequate supply of health professionals. In addition, grant funds are intended to improve opportunities for students, particularly minority students, to pursue careers in the health professions. In academic year 2001-2002, independent institutions awarded a total of 3,668 degrees in health care fields – 37 percent of the total number of degrees awarded in health care fields by Illinois colleges and universities. Of the 38,594 students enrolled in health care educational programs offered by Illinois colleges and universities in fall 2002, nearly a third were enrolled in programs at independent institutions.

Table 3 presents recent history concerning the amount appropriated for Health Services Education Grants and eligible enrollments in programs funded with these grants. In fiscal year 2003, a total of $17.0 million was appropriated for grants under HSEGA – 4.5 percent less than in fiscal year 2002. Of the total amount appropriated in fiscal year 2003, the Board was directed by the Governor's Office of Management and Budget to hold $941,600, or 5.5 percent, in reserve. While funding for this grant program decreased in fiscal year 2003, total enrollment in grant-supported instructional programs increased 2.2 percent from fall 2001 to fall 2002. This increase reverses a five-year trend of declining enrollment, and is due primarily to increases in pharmacy and nursing program enrollment. The state has again made a significant investment in this program, providing $17 million in grants for fiscal year 2004.

Table 3
Health Professions Education Enrollments
and Appropriations for Health Education Grants Act

	Fall 1999	Fall 2000	Fall 2001	Fall 2002
Program				
Medicine	1,869	1,802	1,744	1,677
Dentistry	11	5	0	0
Optometry	154	172	180	170
Podiatry	93	84	66	70
Pharmacy	368	391	494	664
Allied Health	1,065	898	839	788
Nursing	2,295	2,052	1,998	2,083
Residency	266	241	210	199
Total	6,121	5,645	5,531	5,651
Appropriations	$20,010,200	$20,841,300	$17,805,500*	$16,058,400*
* Reserve Levels.				

Table 4 shows the maximum grant rates specified in administrative rules for each of the program areas eligible for funding under HSEGA. When state appropriations do not allow for grants to be distributed at the maximum rate, grants are prorated in accordance with the funds available. Table 4 also shows the actual grant rate paid by program for fiscal years 1999 through

2003. Fiscal year 2002 is the only year in which these grants were paid at the maximum rate in each category.

Grants are currently based on the number of Illinois residents enrolled in certain health care programs, and further are determined by the appropriation and grant rates set forth in administrative rules. Current grants rates are specific by program area and provide an incentive for Illinois minority student enrollment. The Health Services Education Grants Act was amended in 2001 to permit the allocation of grants based – in whole or in part – on the number of degrees awarded in health education fields to Illinois resident students. A team of external consultants, commissioned to review grant programs administered by the Board, recommended this change. The current practice of allocating grants based on enrollments places emphasis on capacity, which was appropriate when the grant program was first conceptualized. Incorporating degrees awarded as the basis of allocation would place emphasis on student persistence and degree completion as well as academic achievement. Use of degrees awarded as the basis of allocation provides some automatic accountability by rewarding institutions after the fact for achieving a specific policy objective. The Committee recommends that additional study be undertaken of the effect such a change would have on the allocation of these grants, including a review of the persistence of students in health-related education programs.

Currently, accountability for the HSEGA program is limited to annual audits providing assurance that the enrollments reported are accurate and to the requirement that programs eligible for funding are accredited or are classified as candidates for accreditation. There is no statutory or regulatory restriction on the use of grant funds or any requirement for reporting on how funds are used. To gain a general understanding about how institutions use these grant funds, a survey of institutions that received grants in fiscal year 2002 was conducted in July 2003. Table 5 presents a summary of the survey results. Institutions used over half of all grant funds distributed in fiscal year 2002 to support instructional programs, and 41 percent of the grant funds were used to support student financial aid (including residency grants and stipends). Ten institutions, with grant funds totaling $6.1 million – 35 percent of total grant fund expenditures reported – used all of their grant funds to support student financial aid. To further enhance accountability in this grant program, the Committee recommends that institutions submit annual reports showing how grant funds are used. In addition, the Committee recommends that institutions be required to report on student persistence and degree completion, as well as the job placement of graduates.

The supply/demand data presented in Table 2 indicate that there are occupations currently not receiving HSEGA funds for which the state currently has an undersupply, and there are other professions currently receiving funds, where data analysis shows an oversupply. To ensure that state resources are being directed at professions where additional supply is needed will require adjustments in those programs eligible for HSEGA funding. These adjustments are summarized in Table 6, and involve extending grant eligibility to cardiovascular technician/technologist programs, eliminating eligibility for eight program areas (chiropractic, dental assisting, dental medicine, optometry, orthotics/prosthetics, physician assisting, podiatry, radiation therapy technology, and speech language pathology/audiology), and retaining eligibility for the other health-related programs currently receiving grant program support. It is important to recognize that institutions offering programs identified for losing grant eligibility likely have already made commitments to students and finalized their operating budgets for fiscal year 2004, and that these commitments and budgets have assumed state grant support from the HSEGA program. It seems only fair to continue to support enrollments in these programs related to students who are continuing from fiscal year 2003. Grant support for fiscal year 2004 and beyond would not be provided to any new students enrolled in these programs.

While individuals providing testimony to the Committee have requested the inclusion of yet additional programs as eligible for funding under this program, (e.g., psychology), the Committee does not recommend the addition of these programs. The Board must dedicate these grant resources to programs that are of the highest demand. To add considerably to the number of programs supported under HSEGA will diminish grant support for programs identified with the greatest demand in addressing the state's health care needs. However, it is important that supply and demand data be reviewed on a more frequent basis, and that grant categories be reviewed every four years to ensure that state resources are used most effectively on the basis of available supply and demand data for health occupations.

In addition to making adjustments to programs eligible for HSEGA funding, the Committee recommends making changes in grant rates to recognize changes in entry-level credentials in specific occupations, e.g., physical therapy. The proposed grant rates also recognize for the first-time support for doctoral degrees in nursing; this new category is included by way of incentive to encourage institutions to place more emphasis on training faculty in nursing. Recommended grant rates are presented in Table 7.

Recommended changes to the HSEGA program involving adjustments in grant rates, programs supported, and reporting requirements do not require statutory change, but will require amendments to administrative rules.

Conclusions and Recommendations

Overall, the policies currently in place are adequate and should be maintained. The priorities and guidelines, however, require adjustment to reflect current statewide needs in the health professions. Adjustments to these policies will necessitate changes to the programs currently supported under the HSEGA grant program. These adjustments will ensure that state resources are targeted to those areas of highest need. The Board is vested with the responsibility to ensure that these funds are used most effectively in meeting the state's needs. In addition to these adjustments, the Committee recommends new grant categories to address emerging needs for doctoral programs in nursing and physical therapy. Furthermore, the Committee recommends an annual expenditure report from recipients of HSEGA grants, to supplement those accountability measures currently in place. The Committee also encourages moving toward basing HSEGA awards on degrees granted, rather than enrollments, only after further study is conducted to determine the effect this change would have on institutions and student persistence.

Based on its review of Illinois health education programs, the Committee:

- Endorses the current policies of the Illinois Board of Higher Education regarding health-related programs;

- Recommends the following revisions to the priorities and guidelines for implementing the general policies:

  - **Increase** capacity in the following programs:

    - Cardiovascular Technology
    - Dental Hygiene
    - Diagnostic Medical Sonography
    - Licensed Practical Nursing
    - Medical Clinical Laboratory Technology
    - Medical Records/Health Information Technology
    - Nuclear Medicine Technology
    - Occupational Therapy
    - Pharmacy
    - Physical Therapy
    - Radiation Therapy
    - Registered Nursing
    - Respiratory Therapy

  - **Reduce** capacity in the following programs:

    - Athletic Trainers
    - Chiropractors
    - Dental Assisting
    - Dentists
    - Dieticians and Nutritionists
    - Emergency Medical Technicians/Paramedics
    - Occupational Therapist Assistant
    - Optometrists
    - Orthotists/Prosthetists
    - Physical Therapist Assistants
    - Physician Assistants
    - Podiatrists
    - Radiation Technologists
    - Speech Language Pathologists/Audiologists

  - Call for review of the Medical Scholarship Program, administered by the Illinois Department of Public Health, to determine its success in recruiting medical students who later chose to serve in medically underserved areas of the state.

  - Recognize the progress Southern Illinois University has made in serving health professions education priorities in southern Illinois, and ask that the University continue to place high priority on this mission.

  - Recognize that all institutions must place priority on meeting needs for education programs in allied health and nursing.

- Recommends the following changes to the administration of the HSEGA program:

    - Require annual expenditure report on the use of grant funds, and reporting on persistence, degree/graduation rates, and placement of graduates in health careers.

    - Change those programs recognized as eligible for funding under the program to coincide with those health professions fields in which there is a current undersupply. Eliminate those programs in which there is a current oversupply.

    - Phase out eligibility for those programs recommended for elimination under the program, permitting grant support in fiscal year 2004 and beyond for only those students who were counted as eligible enrollments in fiscal year 2003.

    - Add grant categories for doctoral nursing enrollments to serve as incentives to encourage institutions to place greater emphasis on training faculty in nursing, and to recognize changes in entry-level credentials for allied health professions (e.g., physical therapy).

- Allow an opportunity for institutions currently offering programs for which HSEGA funding would be terminated under the Committee's recommendations, to schedule a hearing with Board staff. Such hearings will occur within 45 days following August 1; institutions are required to submit a written or electronic statement of their position no later than seven days prior to the hearing.

- Recommends that each grant category be reviewed every four years, to provide as much flexibility as possible in adding and/or eliminating program categories approved for funding.

These recommendations do not require statutory change, but will require amendments to Board's administrative rules concerning HSEGA.

Related Documents

Master Plan for Higher Education in Illinois (1964)
Education in the Health Fields for the State of Illinois (1968)
Health Services Grants Act (1970)
An Assessment of Progress Since 1968 in Education for the Health Professions (November 1981)
Assessment of the Education Needs in Health Professions Programs (September 1992)
Policy Issues in Education for the Health Professions (May 1993)
Policy Recommendations for Health Professions Education (September 1993)
Implementation of Policies on Health Professions Education (January 1995)
Academic Program Development in the Context of Workplace Shortages (June 2002)

TABLE 1

DEMAND FOR WORKERS IN THE HEALTH PROFESSIONS: 2000 TO 2010

Occupations	Employment		Average Annual Openings			Rank Among Occupations		
	Est. 2000	Proj. 2010	New Openings	Turnover	Total	New Openings	Turnover	Total
Registered Nurses	105,799	125,904	2,011	2,140	4,151	1	1	1
Licensed Practical Nurses	23,271	26,550	328	600	928	4	2	2
All Other Health Diag./Treat.	12,109	15,751	364	260	624	2	5	3
Medical Doctors	18,265	21,611	335	280	615	3	4	4
Pharmacists	10,456	12,366	191	310	501	8	3	5
Med./Clin. Lab. Tech.	13,076	14,761	169	310	479	10	3	6
Med. Records/Health Info Tech.	6,361	9,067	271	140	411	5	7	7
Speech Lang. Path./Audiologist	5,644	7,727	209	140	349	7	7	8
Dental Hygienists	7,393	9,667	227	110	337	6	9	9
EMT/Paramedics	6,552	8,030	148	170	318	11	6	10
Physical Therapists	5,173	6,596	142	130	272	12	8	11
Rad.Tech.	6,153	7,183	103	140	243	14	7	12
Occupational Therapists	4,152	5,380	123	100	223	13	10	13
All Other Health Care Pract./Tech. Wkrs.	11,992	13,882	189	10	199	9	18	14
Respiratory Therapists	3,643	4,673	103	90	193	15	11	15
Physical Therapist Assistants	2,630	3,630	100	80	180	16	12	16
Dentists	5,780	5,707	0	130	130	30	8	17
Cardiovascular Tech.	2,230	2,861	63	50	113	17	14	18
Optometrists	2,255	2,765	51	40	91	18	15	19
Dietitians and Nutritionists	2,224	2,456	23	60	83	22	13	20
Diagnostic Medical Sonographers	1,440	1,858	42	30	72	19	16	21
Occup. Health/Safety Tech.	1,368	1,645	28	40	68	20	15	22
Recreational Therapists	2,039	2,148	11	50	61	26	14	23
Chiropractors	1,527	1,753	23	30	53	23	16	24
Occupational Therapist Asst.	630	844	21	20	41	24	17	25
Physician Assistants	644	909	27	10	37	21	18	26
Nuclear Medicine Technologists	715	851	14	20	34	25	17	27
Radiation Therapists	354	417	6	10	16	27	18	28
Athletic Trainers	458	499	4	10	14	28	18	29
Podiatrists	153	165	1	0	1	29	19	30
Orthotists and Prosthetists	51	55	0	0	0	31	19	31
TOTALS	264,537	317,711	5,327	5,510	10,837	NA	NA	NA

Source: Employment Projections 2010, Il. Dept. of Employment Security, Economic Information and Analysis Division.

TABLE 2

2000/2010 ILLINOIS HEALTH OCCUPATIONS EMPLOYMENT: SUPPLY AND DEMAND

Standard Occupation Classification	Average Annual Openings			*Average Number of Graduates 1998-2002*	*Over (Under) Supply*
	Growth	Replacement	Total		
All Other Health Diag./Treat.	364	260	624	0	-624
Med./Clin. Lab. Tech.	169	310	479	163	-316
Med. Records/Health Info Tech.	271	140	411	137	-274
All Other Health Care Pract./Tech. Wkrs.	189	10	199	0	-199
Registered Nurses	2,011	2,140	4,151	4,008	-143
Pharmacists	191	310	501	375	-126
Dental Hygienists	227	110	337	212	-125
Cardiovascular Tech.	63	50	113	10	-103
Occup. Health/Safety Tech.	28	40	68	0	-68
Respiratory Therapists	103	90	193	127	-66
Recreational Therapists	11	50	61	0	-61
Diagnostic Medical Sonographers	42	30	72	19	-53
Licensed Practical Nurses	328	600	928	885	-43
Occupational Therapists	123	100	223	180	-43
Nuclear Medicine Technologists	14	20	34	15	-19
Physical Therapists	142	130	272	253	-19
Radiation Therapists	6	10	16	0	-16
Orthotists and Prosthetists	0	0	0	11	11
Physical Therapist Assistants	100	80	180	211	31
EMT/Paramedics	148	170	318	363	45
Optometrists	51	40	91	153	62
Occupational Therapist Asst.	21	20	41	122	81
Podiatrists	1	0	1	83	82
Rad.Tech.	103	140	243	335	92
Dietitians and Nutritionists	23	60	83	176	93
Dentists	0	130	130	225	95
Physician Assistants	27	10	37	153	116
Chiropractors	23	30	53	230	177
Athletic Trainers	4	10	14	331	317
Speech Lang. Path./Audiologist	209	140	349	668	319
Medical Doctors	335	280	615	1,229	614
	5,327	5,510	10,837	10,674	-163

*All information for Associate and higher degrees except for Licensed Practical Nurses and Emergency Medical Technicians where training may be less than a two year program, licensure may be needed, or graduation from an an approved school is required.

Sources: Occupational Demand--Illinois Department of Employment Security; Occupational Supply--Illinois Board of Higher Education.

TABLE 4

ILLINOIS BOARD OF HIGHER EDUCATION

Health Service Education Grants Act (HSEGA)
Maximum Grant Rates and Actual Grant Rates Paid FY1999-FY2003

Program	Maximum Grant Rate	FY1999 Actual Grant Rate	FY2000 Actual Grant Rate	FY2001 Actual Grant Rate	FY2002 Actual* Grant Rate	FY2003 Actual** Grant Rate
Medicine						
Illinois Resident	$ 4,500	$ 4,405	$ 4,500	$ 4,500	$ 4,500	$ 4,135
Minority Illinois Resident	4,500	4,405	4,500	4,500	4,500	4,135
Dentistry						
Illinois Resident	3,500	3,500	3,500	3,500	3,500	3,216
Minority Illinois Resident	3,500	3,500	3,500	3,500	3,500	3,216
Optometry						
Illinois Resident	2,200	2,030	1,867	1,937	2,200	2,021
Minority Illinois Resident	2,200	2,030	1,867	1,937	2,200	2,021
Podiatry						
Illinois Resident	2,200	2,200	2,200	2,200	2,200	2,021
Minority Illinois Resident	2,200	2,200	2,200	2,200	2,200	2,021
Pharmacy						
Illinois Resident	2,200	1,751	2,200	2,200	2,200	2,021
Minority Illinois Resident	2,200	1,751	2,200	2,200	2,200	2,021
Allied Health						
Master's Illinois Resident	2,000	2,000	2,000	2,000	2,000	1,838
Baccalaureate Illinois Resident	1,000	1,000	1,000	1,000	1,000	919
Associate/Certificate Illinois Resident	500	500	500	500	500	459
Minority Illinois Resident	1,000	1,000	1,000	1,000	1,000	919
Nursing						
Master's Illinois Resident	2,000	2,000	2,000	2,000	2,000	1,838
Baccalaureate Illinois Resident	1,000	1,000	1,000	1,000	1,000	919
Associate/Certificate Illinois Resident	500	500	500	500	500	459
Minority Illinois Resident	1,000	1,000	1,000	1,000	1,000	919
Medical Residency Programs						
Family Practice	20,000	14,201	13,882	18,887	20,000	18,376
Obstetrics/Gynecology	7,500	5,325	5,206	7,083	7,500	6,891

* First year of consolidated appropriation; funding sufficient to pay maximum grant rates in all fields.

** Reflects grant rates prorated at 91.88 percent of the maximum, rounded to the nearest dollar. Based on fiscal year 2003 Reserve funding level of $16,058,400.

Note: Maximum Grant Rates defined by Administrative Rules Section 1020.40, a) 1 and 2.

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TABLE 5

Health Services Education Grants Act
FY2002 Expenditure Report
Summary Report - By Fund and by Expenditure Classification

Expenditure	Restricted Funds		Unrestricted Funds		All Funds	
	Dollars	% of Total	Dollars	% of Total	Dollars	% of Total
Instructional Programs	$ 4,323,839	40.7 %	4,552,943	68.7 %	8,876,782	51.5 %
Admissions, Registrations, and Records	24,821	0.2	233,498	3.5	258,319	1.5
Organized Research	-	-	173,025	2.6	173,025	1.0
Public Service	92,714	0.9	138,420	2.1	231,134	1.3
Academic Support	203,972	1.9	84,348	1.3	288,320	1.7
Student Financial Aid (includes stipends and grants)	5,841,003	55.0	1,177,087	17.8	7,018,090	40.7
Other Student services	23,809	0.2	23,070	0.3	46,879	0.3
Institutional Support	56,312	0.5	143,815	2.2	200,127	1.2
Operation and Maintenance of Physical Plant	48,718	0.5	103,815	1.6	152,533	0.9
	$ 10,615,188	100.0 %	$ 6,630,021	100.0 %	$ 17,245,209	100.0 %

Note: Data reported above based on expenditure reports from 58 institutions; grants to these institutions represented 98 percent of the fiscal year 2002 grant allocation.

Source: IBHE Survey of HSEGA Grant Recipients (July 2003)

Table 6
Matrix of Health Program Eligibility of HSEGA Grants

Health Program/Profession	Retain Eligibility	Newly Eligible	Eliminate Eligibility
Cardiovascular Technician/Technologist		X	
Chiropractic			X
Clinical Laboratory Sciences	X		
Clinical Laboratory Technician/Med. Lab. Technician	X		
Dental Assisting			X
Dental Hygiene	X		
Dental Medicine			X
Diagnostic Medical Sonography	X		
Histology Technician	X		
Histology Technologist	X		
Medical Assisting	X		
Medical Records Technician/Health Information	X		
Medical Records/Health Information Administrator	X		
Medicine and Osteopathy	X		
Nuclear Medicine Technology	X		
Nursing	X		
Occupational Therapy	X		
Optometry			X
Orthotics/Prosthetics			X
Perfusion Technology	X		
Pharmacy	X		
Physical Therapy	X		
Physician Assisting			X
Podiatry			X
Radiation Therapy Technology			X
Radiography	X		
Respiratory Technology	X		
Speech Language Pathology/Audiology			X
Surgical Technology	X		

NB: Eligibility determined by projected supply of graduates in health occupations and/or of job outlook.

Illinois Board of Higher Education
Policies and Priorities for Health Related Programs
Proposed Changes
(New language is underlined; strikethrough in text implies text to be deleted)

General Policies

1. Illinois colleges and universities should provide high quality programs in the health professions to meet the needs of the citizens of the state and the health care industry for qualified health care professionals. Priority should be given to expanding educational opportunities in fields in which there are shortages of qualified personnel, particularly primary care providers, and to serving areas of the state that have been identified as having inadequate numbers of health professionals.

2. Access, retention, and success of minority students in health professions programs should be expanded and improved.

3. In fields where shortages of qualified professionals exist, priority should be placed on providing academic programs that prepare individuals for entry to the profession. Statewide capacity in entry-level programs should be monitored on a regular basis to assure that program capacity is in balance with occupational demand.

4. Illinois colleges and universities should provide adequate capacity in programs that provide professional advancement opportunities for health care professionals and meet the need for qualified leadership in the health care industry. All institutions should cooperate in the development of articulated programs to enhance advancement opportunities. Illinois universities also should provide programs that prepare faculty for teaching in health education programs and support research and public service in health care disciplines.

5. Colleges and universities are encouraged to develop cooperative initiatives with health care providers to develop programs, provide clinical experiences for students, provide professional development opportunities for faculty and health care providers, and share facilities and equipment.

6. Because of the high cost of programs in many of the health professions, colleges and universities are encouraged to develop cooperative programs to extend access to and improve the quality of programs in the health professions, to provide educational opportunities in underserved areas through off-campus programs and telecommunications-based instructional delivery systems, to improve articulation among programs, and to reduce or eliminate programs in health professions where the supply of graduates exceeds occupational demand.

7. The Illinois Board of Higher Education should work cooperatively with other state agencies to ensure that policies and priorities in health professions education are consistent and mutually supportive across state agencies.

Illinois Board of Higher Education
Policies and Priorities for Health Related Programs
Proposed Changes
(New language is underlined; strikethrough in text implies text to be deleted)

Priorities/Guidelines for Implementation of General Policies

1. Statewide capacity should be increased through expansion of existing programs in ~~family practice residencies, dental assisting, dental laboratory technology, dental hygiene, medical laboratory technology, medical records technology, pharmacy, and nursing.~~ medical clinical laboratory technology, medical records/health information technology, registered nursing, pharmacy, dental hygiene, cardiovascular technology, respiratory therapy, diagnostic medical sonography, licensed practical nursing, occupational therapy, nuclear medicine technology, physical therapy, and radiation therapy. ~~Additional programs for physician assisting, physical therapy, physical therapy assisting, occupational therapy, occupational therapy assisting, practical nursing, nurse practitioner, and surgical technology should be considered. Priority for both new programs and expansion of existing programs should be given to institutions with missions related to health care needs and institutions serving in undeserved areas.~~

~~2. Statewide capacity in educational programs in the following fields should be monitored to determine if adjustments in capacity should be made: dietetics and nutrition, dentistry, radiologic and nuclear technology, speech pathology and audiology, and respiratory therapy.~~

~~3. Statewide capacity in educational programs in the following fields should be maintained: chiropractic physician, health service administration, optometry, and podiatry.~~

4. Statewide capacity in educational programs in the following fields should be reduced: ~~medicine and public and community health.~~ dental assisting, orthostists/prosthetists, physical therapist assistants, emergency medical technians/paramedics, optometrists, occupational therapist assistants, podiatrists, radiation technologists, dieticians and nutritionists, dentists, physician assistants, chiropractors, athletic trainers, and speech language pathologists/audiologists.

5. Both public and nonpublic medical schools should establish policies and programs that increase the number of graduates who enter primary care and practice in underserved areas of the state.

6. Priority should be given to expanding health professions education programs that graduate primary care providers, especially family practice physicians and mid-level practitioners, to practice in medically underserved areas in the state. The Medical Scholarship Program, administered by the Illinois Department of Public Health, should be reviewed to determine its success in recruiting medical students that later chose to serve in medically underserved areas of the state. ~~The Medical Student Scholarship Program should be continued.~~

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Illinois Board of Higher Education
Policies and Priorities for Health Related Programs
Proposed Changes
(New language is underlined; strikethrough in text implies text to be deleted)

7. Delivery of health professions education in underserved areas should capitalize upon opportunities to share resources and to effectively coordinate the collective contributions of colleges, universities, and health care facilities. Specifically, regional consortia should play an important role in identifying regional priorities in health professions education and developing cost-effective approaches to program delivery.

8. Colleges and universities should provide increased opportunities for practicing health professionals to upgrade their skills and knowledge and to pursue advanced levels of education within their chosen professions. Resolution of curricular articulation problems across different educational levels should be a high priority of the Illinois Board of Higher Education, the Illinois Community College Board, and colleges and universities.

9. Colleges and universities and regional consortia should make effective use of telecommunications-based instructional delivery systems to deliver health professions education programs, particularly in underserved areas.

10. Colleges and universities should expand efforts to coordinate delivery of degree programs, as well as continuing education programs, with health care providers and provider organizations.

11. Southern Illinois University should continue to place high priority on its mission to serve health professions needs in southern Illinois. ~~should develop a comprehensive plan for serving health professions education priorities in southern Illinois. This plan should include a restructuring of existing programs offered in Carbondale, Edwardsville, and Springfield, including the elimination of certain programs; the relocation of other programs; the conversion of some associate degree programs to baccalaureate level; and the establishment of new programs. This plan should be carefully coordinated with regional consortia and affiliated community colleges.~~

12. The University of Illinois at Chicago should continue to place a high priority on its mission to serve the urban health care needs of the Chicago Metropolitan Area, as well as those areas of the state served by its regional medical schools. The University should cooperate with other colleges and universities to provide cost-effective health professions education programs in the Chicago Metropolitan area and in those areas served by regional medical schools.

13. ~~Community colleges~~ All institutions should continue to place high priority on meeting local needs for educational programs in allied health and nursing. Further efforts are needed to coordinate programs among ~~community colleges and with other~~ all institutions to meet regional needs.

14. Private colleges and universities should consider the recommended capacity adjustments provided in this report in making decisions about programs development and reduction.

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Appendix

List of Items:

- Current Illinois Board of Higher Education Policies and Priorities/Guidelines Concerning Health Related Programs

- Health Occupations by Level of Education Generally Required – Sorted from Lowest to Highest

- Health Services Education Grants Act (110 ILCS 215/4)

Illinois Board of Higher Education
Policies and Priorities for Health Related Programs
(Approved September 8, 1993)

General Policies

1. Illinois colleges and universities should provide high quality programs in the health professions to meet the needs of the citizens of the state and the health care industry for qualified health care professionals. Priority should be given to expanding educational opportunities in fields in which there are shortages of qualified personnel, particularly primary care providers, and to serving areas of the state that have been identified as having inadequate numbers of health professionals.

2. Access, retention, and success of minority students in health professions programs should be expanded and improved.

3. In fields where shortages of qualified professionals exist, priority should be placed on providing academic programs that prepare individuals for entry to the profession. Statewide capacity in entry-level programs should be monitored on a regular basis to assure that program capacity is in balance with occupational demand.

4. Illinois colleges and universities should provide adequate capacity in programs that provide professional advancement opportunities for health care professionals and meet the need for qualified leadership in the health care industry. All institutions should cooperate in the development of articulated programs to enhance advancement opportunities. Illinois universities also should provide programs that prepare faculty for teaching in health education programs and support research and public service in health care disciplines.

5. Colleges and universities are encouraged to develop cooperative initiatives with health care providers to develop programs, provide clinical experiences for students, provide professional development opportunities for faculty and health care providers, and share facilities and equipment.

6. Because of the high cost of programs in many of the health professions, colleges and universities are encouraged to develop cooperative programs to extend access to and improve the quality of programs in the health professions, to provide educational opportunities in underserved areas through off-campus programs and telecommunications-based instructional delivery systems, to improve articulation among programs, and to reduce or eliminate programs in health professions where the supply of graduates exceeds occupational demand.

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Policies and Priorities for Health Related Programs
(Approved September 8, 1993)

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1. Statewide capacity should be increased through expansion of existing programs in family practice residencies, dental assisting, dental laboratory technology, dental hygiene, medical laboratory technology, medical records technology, pharmacy, and nursing. Additional programs for physician assisting, physical therapy, physical therapy assisting, occupational therapy, occupational therapy assisting, practical nursing, nurse practitioner, and surgical technology should be considered. Priority for both new programs and expansion of existing programs should be given to institutions with missions related to health care needs and institutions serving in undeserved areas.

2. Statewide capacity in educational programs in the following fields should be monitored to determine if adjustments in capacity should be made: dietetics and nutrition, dentistry, radiologic and nuclear technology, speech pathology and audiology, and respiratory therapy.

3. Statewide capacity in educational programs in the following fields should be maintained: chiropractic physician, health service administration, optometry, and podiatry.

4. Statewide capacity in educational programs in the following fields should be reduced: medicine and public and community health.

5. Both public and nonpublic medical schools should establish policies and programs that increase the number of graduates who enter primary care and practice in underserved areas of the state.

6. Priority should be given to expanding health professions education programs that graduate primary care providers, especially family practice physicians and mid-level practitioners, to practice in medically underserved areas in the state. The Medical Student Scholarship Program should be continued.

7. Delivery of health professions education in underserved areas should capitalize upon opportunities to share resources and to effectively coordinate the collective contributions of colleges, universities, and health care facilities. Specifically, regional consortia should play an important role in identifying regional priorities in health professions education and developing cost-effective approaches to program delivery.

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13. Community colleges should continue to place high priority on meeting local needs for educational programs in allied health and nursing. Further efforts are needed to coordinate programs among community colleges and with other institutions to meet regional needs.

14. Private colleges and universities should consider the recommended capacity adjustments provided in this report in making decisions about programs development and reduction.

HEALTH OCCUPATIONS BY LEVEL OF EDUCATION GENERALLY REQUIRED
SORTED FROM LOWEST TO HIGHEST

Occupation	Level of Training
Psychiatric Aides	Short-term on-the-job traning
Medical Equipment Preparers	Short-term on-the-job traning
Healthcare Support Workers, All Other	Short-term on-the-job traning
Pharmacy Aides	Short-term on-the-job traning
Nursing Aides, Orderlies, and Attendants	Short-term on-the-job traning
Occupational Therapist Aides	Short-term on-the-job traning
Physical Therapist Aides	Short-term on-the-job traning
Home Health Aides	Short-term on-the-job traning
Dietetic Technicians	Moderate-term on-the-job training
Dental Assistants	Moderate-term on-the-job training
Pharmacy Technicians	Moderate-term on-the-job training
Medical Assistants	Moderate-term on-the-job training
Opticians, Dispensing	Long-term on-the-job training
Psychiatric Technicians	Postsecondary vocational award
Licensed Practical and Licensed Vocational Nurses	Postsecondary vocational award
Emergency Medical Technicians and Paramedics	Postsecondary vocational award
Medical Transcriptionists	Postsecondary vocational award
Surgical Technologists	Postsecondary vocational award
Respiratory Therapy Technicians	Postsecondary vocational award
Massage Therapists	Postsecondary vocational award
Medical and Clinical Laboratory Technicians	Associate's degree
Healthcare Practitioners and Technical Workers, All Other	Associate's degree
Radiologic Technologists and Technicians	Associate's degree
Radiation Therapists	Associate's degree
Registered Nurses	Associate's degree
Nuclear Medicine Technologists	Associate's degree
Respiratory Therapists	Associate's degree
Cardiovascular Technologists and Technicians	Associate's degree
Diagnostic Medical Sonographers	Associate's degree
Health Diagnosing and Treating Practitioners, All Other	Associate's degree
Dental Hygienists	Associate's degree
Occupational Therapist Assistants	Associate's degree
Physical Therapist Assistants	Associate's degree
Medical Records and Health Information Technicians	Associate's degree
Recreational Therapists	Bachelor's degree
Orthotists and Prosthetists	Bachelor's degree
Athletic Trainers	Bachelor's degree
Dietitians and Nutritionists	Bachelor's degree
Medical and Clinical Laboratory Technologists	Bachelor's degree
Occupational Health and Safety Specialists and Technicians	Bachelor's degree
Occupational Therapists	Bachelor's degree
Physician Assistants	Bachelor's degree
Physical Therapists	Master's degree
Speech-Language Pathologists	Master's degree
Audiologists	Master's degree
Dentists	First professional degree
Podiatrists	First professional degree
Family and General Practitioners	First professional degree
Chiropractors	First professional degree
Physicians and Surgeons, All Other	First professional degree
Pharmacists	First professional degree
Psychiatrists	First professional degree
Internists, General	First professional degree
Pediatricians, General	First professional degree
Anesthesiologists	First professional degree
Obstetricians and Gynecologists	First professional degree
Optometrists	First professional degree
Surgeons	First professional degree

Source: Illinois Department of Employment Security

Health Services Education Grants Act

(110 ILCS 215/1)

Sec. 1. This Act shall be known and may be cited as the "Health Services Education Grants Act". (Source: P. A. 76-2556.)

(110 ILCS 215/2)

Sec. 2. The Board of Higher Education is authorized to distribute funds equitably to non-profit health service educational institutions in this State by grants as set forth in this Act and to prescribe forms and procedures for applications for such grants. No grant shall be made to any institution which discriminates in the admission of students or the use of its facilities on the basis of race, color, creed, sex or national origin. No facilities constructed with the aid of these grants shall be used for sectarian instruction or as a place for religious worship. (Source: P.A. 80-1155.)

(110 ILCS 215/3)

Sec. 3. If, within 10 years after the completion of any construction for which a grant made under this Act was used, the owner of the facility ceases to be a non-profit institution, or the facility ceases to be used for health service education, or the facility is used for sectarian instruction or as a place for religious worship, the State shall be entitled to recover from the owner of the facility an amount bearing the ratio to the then value of the facility as the amount of the grant bore to the cost of construction of the facility. (Source: P.A. 76-2556.)

(110 ILCS 215/4)

Sec. 4. Grants may be made to medical, dental, pharmacy, optometry, and nursing schools, to physician assistant programs, to other health-related schools and programs, and to hospitals and clinical facilities used in health service training programs. Qualification for grants shall be on the basis of either the number of Illinois resident enrollees or the number of degrees granted to students who are residents of this State or both. The grant amount shall be determined by the Board of Higher Education for each class of institution. At the discretion of the Board of Higher Education grants may be made for each class of institution in any or all of the following forms: (1) Single nonrecurring grants for planning and capital expense based on the increase in the number of Illinois resident enrollees; (2) Annual grants based on the number of degrees granted to (a) Illinois resident enrollees, or (b) Illinois resident enrollees from minority racial and ethnic groups, or both (a) and (b); and (3) Annual stabilization grants based on the number of (a) Illinois residents enrolled, or (b) Illinois residents enrolled from minority racial and ethnic groups, or both (a) and (b). In awarding grants to nursing schools and to hospital schools of nursing, the Board of Higher Education may also consider whether the nursing program is located in a certified nurse shortage area. For purposes of this Section "certified nurse shortage area" means an area certified by the Director of the Department of Public Health as a nurse shortage area based on the most reliable data available to the Director.
(Source: P.A. 92-45, eff. 7-1-02.)

(110 ILCS 215/5)

Sec. 5. Upon written notice by the Board of Higher Education to any institution receiving or applying for a grant, the Board may examine the institution's student enrollment records for the purpose of verification, amendment or correction and, as a condition of any grant, may require the institution to submit a post-grant audit to verify enrollments. (Source: P.A. 85-244.)

(110 ILCS 215/6)

Sec. 6. The Board of Higher Education may adopt rules it deems necessary for the administration of this Act. (Source: P.A. 85-244.)

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